									Application or Docket Number ·				
PATENT APPLICATION FEE DETERMINATION RECOIL Effectiv Oct b r 1, 2003									10-770-442				
CLAIMS AS FILED - PART ((Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			51					RATE FEE		7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•	• 31		XS 9=		OR	XS18=		
INDEPENDENT CLAIMS			3 minus 3 =		•	. 9		X43-			X86=	<i>5</i> 58	
M	JUTIPLE DEPE	NDENT CLAIM P	RESENT						OR	•			
* If the difference in column 1 is less than zero, enter "0" in column 2							+145=		OR	+290=	1200		
CLAIMS AS AMENDED - PART II								TOTAL		JOR	TOTAL	1328	
(Column 1) (Column 2) (Column 3)							<u>1</u> · .	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 51	Minus	- 0	1]	XS 9=	-	OR	X\$18=	_	
WE	Independent	. 3	Minus	1000	3	• -]	X43=	1	OR	X86=	-	
	FIRST PRESE	NTATION OF MI	JETIPLE DE	PENDENT	CLAIM		J	+145=		OR	+290±		
					•	•	l	TOTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)										ADDIT. FEE		
AMENDMENT B	مالالعد	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST ER USLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 39	Minus	- 5	/	- /		X\$ 9=		OR	X\$18=	/	
	Independent	NTATION OF MU	Minus	SENIDENT	3	- /	41	X43=		OR	X86=		
		THE TOTAL PROPERTY OF THE	, e, w ez o e,	LIVEIVI	004.55		' [+145=		OR	+290=	/ .	
		•		•		•	A	TOTAL DDIT. FEE		OR ,	TOTAL DOIT: FEE	/.	
- 1		(Column 1)		(Colum		(Column 3)						, ·	
AMENDMENTC		REMAINING AFTER AMENDMENT		NUMB PREVIOUS PAID F	er . Usly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•		•	ΙГ	X\$ 9=		OR	X\$18=		
AME	Independent		Minus	-		•	Lt	X49=		OR	X86=		
	PIHȘI PHESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		1.	1145					
• #	the entry in colum	nn 1 is less than the	entry in colu	ms 2, write	O" in cot	ann 3.	L	+145=		OR L	+290= TOTAL		
	The Pughest Nur	nber Previousty Pal riber Previousty Pai ber Previously Paid	M For IN THE	S SPACE is	loss that	3 enter 3		DOTT. FEE			DOTT. FEE		